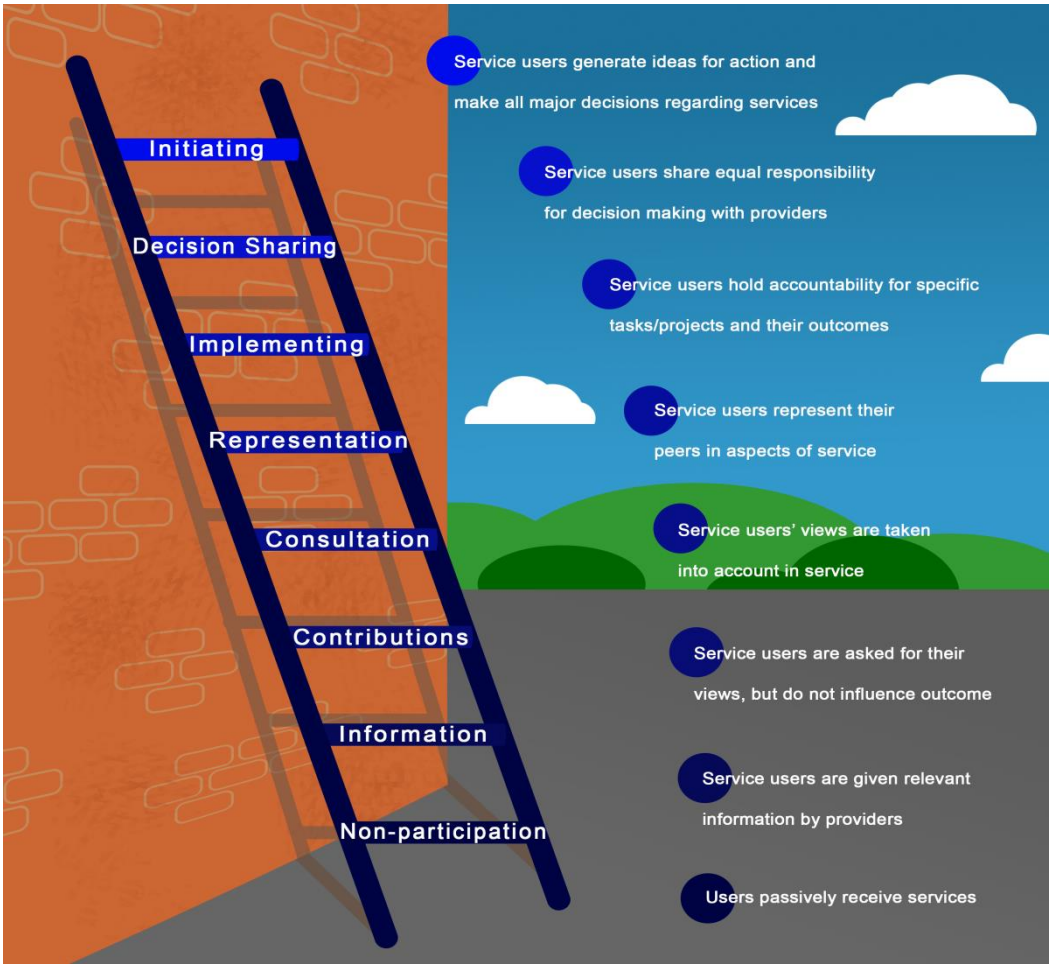
Exploring approaches to service user involvement in sexual violence and domestic violence services. Research commissioned by Leicester City Council

Final report (9th November 2017)



Project team: Julie Fish, Anamaria Szabo, Di Turgoose

Social Work and Community and Criminal Justice,

Applied Social Sciences

De Montfort University, Leicester.

ISBN **978-1-85721-437-6**

Contents

Introduction

Why significant

The ability for people who use services to have a say in how those services are designed and delivered is increasingly recognised as a quality kite-mark of good provision. The approach aims to give people a voice and to empower them to develop skills and confidence. Alongside this strengths based perspective, services, where there are high levels of involvement, are more likely to address the concerns of the people they are intended to serve in ways that fit with their needs and circumstances. In some cases, service users are involved in making decisions on equal terms to providers and commissioners of services.

Service user involvement is much less evident in community and criminal justice services in comparison to social work or mental health services which suggest that this project may contribute to outlining some of the key issues to embedding participatory approaches in sexual violence and domestic violence (SVDV) services. There are particular challenges inherent in SVDV provision. Families experiencing domestic violence may occupy three planets: domestic violence is seen as a criminal justice concern, child protection is a concern for social work and child contact is a domain for civil courts (Hester, 2011); the complexity may help to understand some of the systemic problems faced by practitioners that may undermine the effectiveness of their practice. Moreover, SVDV services are provided for people, often women who are fleeing violence, in situations of high risk where safety is paramount.

What is service user involvement?

The opportunity for service users to make decisions about the services they access range from 'passively receiving information', 'being consulted' to 'holding agencies to account'. Described as service user involvement in this report, the approach has formed a central concern for services seeking to redress social injustice since (at least) Arnstein's (1969) ground-breaking paper about the participation of residents in decisions about the development of housing projects in the USA. Globally, the United Nations, adopted the term *Nothing about us without us* as the theme title of the International day of disabled people in 2004 and it was the title of a publication of the advisory group for people with learning disabilities to the UK Department of Health in

2001. In the UK, the approach and activity is known by diverse terms including co-production, participation and service user involvement.

Service user involvement is sometimes confused with client centred practice, complaints and appeals procedures. Several models have emerged which serve to illustrate different levels of engagement and purpose in relation to SUI activities and partnerships with service providers. Often presented as a rising scale/ladder of service user autonomy and control, this report will use an amended version of the original Arnstein model to critically reflect on the data collected.

Disclaimer: Funding for this study and final report was made possible through the Local Authority. The views in this report do not necessarily reflect the policies and priorities of Leicester City Council.

1. Background and rationale

This research is a continuation of the partnership work that De Montfort University (DMU) and Leicester City Council (LCC) have been engaged in, in the field of service user involvement (SUI) in sexual violence and domestic violence (SVDV) services since 2015.

The current research team builds on the work of former DMU academic, Sarah Hilder, who explored the theoretical perspectives underpinning service user involvement and considered different models and meanings of SUI (see Hilder, 2016). LCC also undertook extensive work with service providers to evidence how SUI is reflected in their work, and this has been explored by the current research team in the review of a documentation pack received in 2016. The pack contained individual and group interviews with service users, a questionnaire survey from users of The Jenkins Centre, service user involvement review mapping (26/02/16), and, a consultation findings report of the commissioning of sexual and domestic violence services in Leicester 2015-18. All these formed a good base for moving forward on the current research project, as they gave an overview about:

- The barriers to accessing/ using services;
  e.g. “getting access to information”, “knowing what Young People are entitled to”, “no choice of timing of support sessions in schools”;
- The characteristics of a good service;
  e.g. “I feel safe”, “I feel listened to”, “I can have fun”
- What service users say are some of the benefits they have gained through using the service.
  e.g. “got my family back together”, “I’ll use this as a springboard for the rest of my life”, “The impact on my family has been massive. We weren’t talking and we’re back together now and planning holidays. [We’re] different people now.”

Some of this work could be described as user satisfaction surveys or evaluation feedback. To take this to the next level, we proposed that subsequent work should reflectively explore what is currently being done with respect to SUI and map this to a ladder of involvement underpinned by an empowerment model (Arnstein, 1969; Hilder, 2016). This would develop the base of shared knowledge and skills about the nature and levels of SUI across different SVDV services in Leicester City.

2. Project planning and approach

2.1 Aim

Service user involvement (SUI) refers to the extent to which service users make decisions about the ways that services (in which they are current or previous users) are designed and delivered. In those services where high levels of SUI are present, services will be designed 'by' and 'with' service users, rather than 'for', 'about', 'to' or 'without' them (Charlton, 2000).

This pilot project aims at aligning metrics for SUI to enable commissioners to have a sense of the extent to which service providers involve service users in the delivery of sexual violence and domestic violence (SVDV) services across LCC.

We identified our research question as:

"How can SVDV service providers enable users to be involved in the delivery of their services?"

In particular, the project research team aimed to explore what SUI currently looks like in service provision alongside exploring the different views that service users might have on how SUI could look like for them.

2.2 Methodology

Sample and methods: After discussions with the community safety team at LCC, the project research team proposed to gather data via workshops with services users from different SVDV services. The three groups included in the sample are different enough to cover a wide spectrum of services, but these should not be seen as being representative for the SVDV services that are currently provided across the city of Leicester.

Service user workshops were organised with the following groups:

- users from the Scrutiny Group (SG) at LCC;
- users of support services (i.e. women using specialist refuges), Women's Aid Leicestershire Limited (WALL)

- users of ‘perpetrator’ services, (i.e. male perpetrators who have engaged in interpersonal violence with their female partners (victims) The Jenkins Centre (TJC).

2.3 Feedback loop meetings with service providers

To inform our thinking for this work, we planned to meet with each of the service providers both before and following the service user workshops to help identify concerns and map the project agenda. We met with service providers to take account of the specific perspectives and approaches of the different services. We were able to ask about current practice, locate our approaches within some of the constraints they identified and took their view about best methods of making contact with service users. For example, we had initially intended to hold the workshops at City Hall or another central location. However, following discussion with service providers, it became evident that this was impractical and that it would be more effective for the research team to meet workshop participants in a familiar and accessible environment. We were responsive for e.g. we were flexible with the timings of the workshops so as to fit with the service providers and service users’ preferences, in an attempt to maximise the number of participants we might work with.

Service providers undertook the recruitment of participants on our behalf and helpfully also held one-to-one conversations with service users to encourage their participation. Service providers also ensured that the information giving posters we produced to encourage service users to participate in the research were made available to individual service users, alongside also advising us on methods to encourage take up of participation.

We held the workshops with services users as soon as possible following this initial meeting and we made notes on the data we collected immediately following the workshop. We planned to hold follow-up meetings with each of the projects so that we could feed back our initial findings and invite their perspectives as service providers on the data that we had collected. We were unable to meet with one of the projects due to family circumstances.

2.4 Project phases: The periods for data collection and analysis were agreed with the community safety team at LCC and with the service providers. The planning for the research project commenced in October 2016, with the project launched at the end of March 2017 with an end date of November 2017. Below is a table showing the main activities for the project, the periods in which these took place, and who was responsible for them (see Annex 1 for a more detailed overview).

Table 1: Project main activities

No	Main activities	Period	Responsibility
1	Advertising workshops & recruiting participants	June 2017	LCC CST
2	Creating workshop materials	June 2017	DMU
3	Workshop 1: Scrutiny Group	28th March 2017	DMU/LCC
4	Workshop 2: WALL refuge	5th July 2017	DMU/WALL
5	Workshop 3: Jenkins Centre	18th July 2017	DMU/JC
6	Analysis of workshop data collection and feedback to service providers	July Oct 2017	DMU
7	Presentation to LCC	28th September 2017	DMU

Instruments for data collection: Following meetings with each group the research team met to discuss and plan the workshop activities (see Annex 3).

For WALL, we devised three structured activities, which collected both qualitative and quantitative data.

For TJC, we devised five open-ended questions to ask participants in a semi-structured approach.

2.5 Ethics

We applied for ethical approval from the University as this is sensitive research and service users might divulge personal, distressing or safeguarding information. We obtained ethical approval on 28th March 2017 following scrutiny by the DMU Health and Life Sciences Faculty Research Ethics Committee and after completion of an accompanying risk assessment.

2.6 Limitations

This is an exploratory study which sought to ascertain the appropriate methods and approaches to inform understanding about service users' own perspectives on their levels of involvement in SVDV services. For this pilot study, the research team chose to collect mainly qualitative data which is most suited to elicit the insights and lived experiences of people whose safety is at risk, who may be marginalised economically or socially or may be stigmatised in their use of SVDV services. Partly because of these and other factors, largely beyond our control, the sample was relatively small.

3 Project findings

3.1 The Scrutiny Group (SG)

The scrutiny group consists of service users, some of whom are currently in receipt of services. The purpose of the initial meeting with the scrutiny group from the Local Authority was that participants voluntarily acted as an advisory group for how data collection should be organised and what particular needs and concerns the research team should pay attention to. The commissioners from the Local Authority were also present at this initial meeting.

The service users were generally open to the idea of researching service user involvement. Their own desire to be involved in how SVDV services are delivered has undoubtedly had a high impact on their views about the importance of such a research project. However, the SG expressed the view that capacity was a recurring issue and felt that service providers should not be deflected by research (e.g. by becoming involved in recruitment). The research team took this view into consideration in the recruitment of participants and the design of the project methodology. After discussing the possibility of arranging a further meeting/workshop, the SG declined a subsequent opportunity to review the findings, advising that this would not necessarily bring added information since they are already involved at the highest level possible. A request

from the SG members meeting however was that they are kept informed of the findings of the project.

3.2 Women's Aid Leicestershire Limited (WALL)

The research team met with members of the WALL management team in order to plan the workshop, including discussing workshop structure and the needs of service users. The agreed plan was to conduct the workshop during the time usually reserved for the residents' weekly house meeting. Consequently, the research team designed the workshop to last for an hour, with three structured activities (see Annex 2).

On the day of the workshop the research team arrived at the WALL refuge one hour prior to workshop commencement, to liaise with staff and arrange the venue setting. A different member of staff was working on that day and it transpired that the agreement that the research team were scheduled to use the whole hour was not communicated to her. This resulted in approximately 25 minutes of the workshop time was taken up with an actual residents' meeting.

In hindsight, this probably gave us very useful information because we were able to see in a real-time setting how service users are involved in decision-making around service delivery. This was particularly appropriate in light of the fact that our planned data collection method had hypothetically used residents' as the context for data gathering.

The issues on the residents' meeting agenda included the following:

- *Info on the Snapchat phone app and how to disable the location function*:
  The residents had a few clarification questions on this.
- *Reminder regarding confidentiality issues*:
  The refuge staff reminded residents that for their own safety they should not share private information about themselves with other residents. The residents did not have any questions on this item.
- *Rules on bedtime for children*:
  The residents did not have any questions on this item.
- *Maintenance issues*:
  The staff asked residents if there were any maintenance issues to report. A few of them had issues to report which were noted down by staff.

- *AOB*:

  Staff asked residents if they have any other issues to discuss. The residents had a number of questions. Some questions were answered on spot, for others staff said they would come back with answers to those particular residents.

After the residents' house meeting finished, we had approximately 30 mins to undertake the workshop, so we quickly decided how to reorganise it. From the three planned activities we implemented activity 1 and 3, and omitted activity 2 and the ice-breaker. Activity 2 was designed to ask participants what SUI would look like in the planning of a particular activity (such as a summer trip, a winter activity for the children, or a communal activity for the residents) within the refuge.

Activity 1 aimed to ascertain the extent of SUI in the residents' house meetings. This was a researcher-led exercise. The research team devised ten statements about how house meetings can be organised to take account of service users' views. These statements were:

- I see the notice about the house meeting the day before
- I get to the room where the house meeting is held at the agreed time
- At the meeting, I am asked about those things I think need sorting
- The week before, a worker comes to my room and asks me what I think needs discussing
- The agenda is put up in the kitchen by a worker, so that all women can see it
- We talk among ourselves about issues that bother us (e.g. noise)
- I ask a worker to arrange a meeting if I feel that one is needed
- I draw up an agenda and talk with other women in the house about it
- I am asked for other items at the start of the house meeting
- I chair the house meeting and ask other women for their views

The statements were written on small coloured cards and service users were asked to stick them on one of the three flip-chart posters on the wall marked as Excellent, Good or Satisfactory (OK) practice.

The most common responses implied that staff determined how the agenda was set at meetings and what was discussed (see Table 2 below).

Table 2: 'We think this would be excellent practice'

Statement	Number of times ranked
At the meeting I am asked about those things that need sorting	4
I get to the room where the house meeting is held at the agreed time	3
I ask a worker to arrange a meeting if I feel one is needed	3

(NB Service users were asked several statements and this is only a summary of their views about best practice in service user involvement.)

Residents felt it would be good practice if staff asked them at the start of a meeting if they have any items to discuss. They did not see that they would take a lead role in meeting (e.g. by chairing), and they preferred to know about meetings at relatively short notice rather than a week previously (as the research team had assumed).

The statements were ranked at three levels of quality: excellent, good and OK practice. Conversely, when women were asked what they thought was satisfactory practice, they identified behaviours and activities that are associated with higher levels of SUI.

Table 3: We think this would be satisfactory (OK) practice

Statement	Number of times ranked
I chair the house meeting and ask other women for their views	2
The week before, a worker comes to my room and asks me what I think needs discussing	2
I draw up an agenda and talk to other women in the house about it	1

These data suggest that women might be reluctant to become more involved in making decisions about the running of the project and in a subsequent discussion, a woman said that she preferred to 'keep myself to myself, I don't talk to anyone'. One possible explanation for these responses is that to take on such responsibility having been subject to coercive control by their abusive partner, requires trauma informed input regarding re-igniting of these vital skills over a long period of time.

Activity 3 asked residents for their own thoughts about how there might be more SUI within the refuge. However, this did not produce any suggestions for increased SUI.

Instead residents talked about the basic living and amenities not being catered for (e.g. lack of a freezer, no microwave to sterilise baby bottles, lack of a shower which was felt to be culturally inappropriate). Although they had made no comment in the house meeting, they felt that the rules were very strict, in particular, the rule that children should be in the flat at 'age appropriate' times, which according to some of the women meant that they felt trapped in their flat for the evening with no social contact with other adults. Another woman, who was recently accepted in the refuge, was unaware of any potential ESOL classes that she might attend and felt there was nothing for her to do.

From their own generated responses, it did seem that the flyer staff had posted under each door had brought women to the meeting, and also a face to face discussion with one of the staff had encouraged a woman to take part. There was clearly a willingness to come together to discuss issues that they faced.

Three of the women taking part in the workshop were from South Asian communities. There is no longer dedicated refuge provision for Black and Minority Ethnic (BAME) women's communities in Leicester, partly as a result of austerity drives. We would suggest that this is an issue for the city of Leicester where BAME people form the majority community. It would have been helpful to have engaged an interpreter, because there were two researchers, one of us prioritised spending time with these two women. The building the refuge is housed in belongs to a Housing Association and so there may be difficulties for Women's Aid in persuading them to make some of the necessary adaptations and refurbishments.
It is also recognised that other groups, for example teenagers, experience domestic violence and refuges are being asked to provide for their needs (Bracewell, 2017).

3.3 The Jenkins Centre (TJC)

The DVPP run at TJC is a voluntary community based programme accredited to the respect agenda. The term voluntary should be noted with caution. This is because alongside self-referrals referrals also come in the main from Children's Services, CAFCASS (Child and Family Court Advisory and Support Service) linked to disputed

child contact cases, and local authorities. This was the case in our sample as well as this being noted as the norm in recent research regarding DVPP's by Kelly and Westmarland (2016).

The DVPP programme also has links to safety and/or support services for partners and ex-partners of programme participants. Whilst provision is available one to one for female perpetrators at TJC our focus was on the groupwork provision, which runs exclusively with male perpetrators of DA in heterosexual interpersonal violence relationships.

We held a preliminary meeting at TJC with staff to discuss ways of engaging with the service users on the Domestic Violence Perpetrators (groupwork) Programme (DVPP). It was decided that the workshop would be held following one of the evening sessions the men attend on the programme. Men attend the groups between 6-8 pm and the research team attended at 8pm for a duration of one hour.

Participants

The men who agreed to take part in the research workshop were drawn from both elements of one DVPP programme, so were at different stages of programme completion.

Alongside our meeting staff at TJC also forwarded two reports (quarterly returns) to the project research team and these were used to frame our thinking about selecting the questions we would ask during the workshop.

It is important to note whilst there is a growing recognition in the health and social sectors both nationally and internationally that service users are experts by experience and, specifically victims (e.g. SEEDS) and it is established as a part of the ethos of DVPP i.e. to challenge each other, we are not aware of similar approaches in research with perpetrators in relation to SUI similar to the one undertaken here.

The following is a description of what took place in the workshop:

Question 1: How does the programme seek your views on the ways that the content could be developed?

The participants were keen to share their thoughts about the programme and immediately engaged in a discussion. One participant talked about the weekly check-

in and said that this was sometimes a little bit time consuming and that people didn't have very much to say. He thought that people should only check-in if they had something specific to talk about. We include this view here because it appears that the participant may not have fully understood the purpose of the check in and therefore did not contribute or it may have been that participants were reluctant to contribute because of embarrassment, the difficulty of expressing themselves or their inability to identify triggers or the successful (or otherwise) use of skills and other relapse prevention and desistance techniques.

One participant talked about having more time to allow learning to embed given ideas discussed in sessions were often completely new to him. For example, he thought he shouldn't get angry. Because he had missed two sessions he had a one-to-one session with the programme facilitator and they discussed this with him. It then became clear to him that anger is a natural emotion and that it is stopping violence and promoting safety and knowing the differences between expressive and instrumental violence that is the focus of the programme, not whether or not he gets angry. He valued this one-to-one time because it allowed him to check his understanding without embarrassment in front of others and said he would welcome more opportunities of one-to-one time.

Another participant talked about the importance of being able to talk about emotions (new to him) and not feeling judged. One suggestion put forward was that participants could be sourced with 'hard copy handouts' so a review of learning could occur e.g. at home in order to help embed learning. A workbook containing a brief summary of the programme content where participants could add notes about examples to review them/remember what had been said for home use was also muted. We talked about that material potentially being available online (we are aware TJC website is currently being reviewed/overhauled) but for him that entailed more time looking for the materials online when he had a busy life already.

A third participant talked about using a range of techniques (learnt at TJC) in his day to day living to resolve conflict. He found it had been useful to understand his own primary and secondary socialisation and to explore the antecedents leading up to his behaviour/offending and the resulting consequences and believed he now had more respectful relationships.

Question 2: How might you contribute to how the programme is delivered (methods)

Participants reflected on the use of role-play/simulation in early programme sessions finding this a very useful way of understanding the effects of their behaviour on their children. Role-play was deemed challenging due to the requirement to demonstrate an ability to perspective take in front of peers/facilitators. One participant felt that role-play could be integrated even more into the programme, especially because they have now developed more confidence in the group.

Participants talked about gaining support from other group members and bonding with other group members and this was a good learning strategy for them.

Participants would welcome the opportunity for increased use of visual aids and handouts. One participant felt as each session is video recorded it might be useful to have a copy, so that he could review the session. Another participant disagreed with this because only facilitators are recorded (for treatment management quality review purposes) adding that the voices of programme participants would also be present (in the audio) and felt that this could be a data protection issue.

One participant expressed a preference to be contacted on his mobile phone via text message rather than receive a telephone call, as he does not answer calls identified as 'private numbers' (of which TJC is one) and due to the freedom accessing text message at a time suitable to himself. Another participant agreed that texting was also his preferred method of communication because he could make sure that he could read it in privacy.

Question 3: How might you contribute to the design of the programme

The programme had acquired a new venue with TJC no longer based in the centre of town. Although the distance of travel was longer, participants preferred the new venue as parking was improved and building layout better aided confidentiality. In the new venue, they were the only group using the building at that time and they were thus unlikely to bump into somebody new on their way into the centre or leaving it. Lastly even though they had met on a hot evening and had the windows open, the discussion could not be heard from outside.

None of the participants expressed a strong preference for changing the day or time of the programme delivery.

One aspect of the programme's organisation the participants valued was the overlap between one group and the next. In the final session of one group, the new group joined, and it meant that they were introduced in a safe way to new group members.

Question 4: How would you like your views to be sought?

All participants agreed that they would prefer their views to be sought face-to-face in a group setting, similar to how this workshop was conducted.

Question 5: Could you see yourself delivering a programme with one of the facilitators?

Participants discussed the value of both fully and partially service user led and co-created programmes. One participant felt that he would be able to contribute to delivering a programme. Others were less confident and felt more able to contribute to particular sessions or in their learning around particular techniques. One had been approached to utilise his victim perspective reflective work in a future DVPP programme.

Other issues: Participants talked about the value of the programme in coming to a new understanding of themselves. They were keen to learn techniques to manage their desistance (both primary and secondary) particularly because it would mean improved relationships or access to their own children.

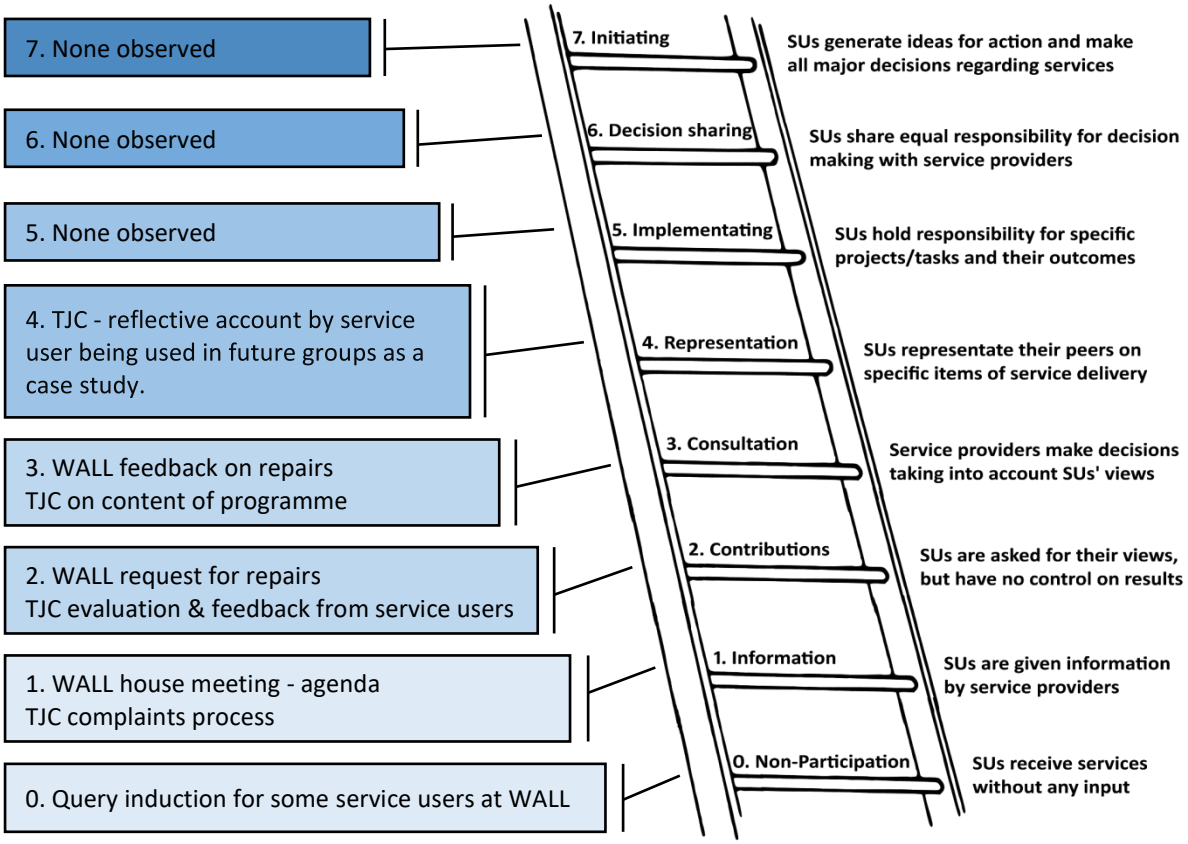
General comments: One of the participants appeared to possess more cultural and social capital than other participants. The other participants reflected that it would have been beneficial to have learned some of the skills and techniques learnt on the programme when they were younger. They felt that they had lost something in not having had this opportunity when they were younger. There was a sense of regret from two of the participants in relation to life opportunities, and this might be related to social inequality and notions of class. It is a feature of DVPP's that whilst some referral routes mean that it is mostly working-class men who attend, the CAFCASS route is less class based (Kelly and Westmarland 2016) and this appears to hold resonance in the sample with regard to referral/access routes onto the DVPP.

One participant viewed the programme as offering an opportunity to conduct their relationships in a different way and felt that they were being given a second chance.

4. Analysis of service user involvement across SVDV services

SUI is defined in the literature and across different parts of the world in a myriad of ways, some of which are contested. (Arnstein, 1969; Moriarty et al., 2007; McEvoy, Keenaghan and Murray, 2008; Hilder, 2016). As aforementioned in this report, for the purpose of this research we have defined SUI as the extent to which service users make decisions about the ways services that they receive are designed and delivered. Using such a definition implies that there are different levels of involvement. These can be placed on a ladder, such as that described below (see Figure 1).

Figure 1: Ladder of Service User Involvement



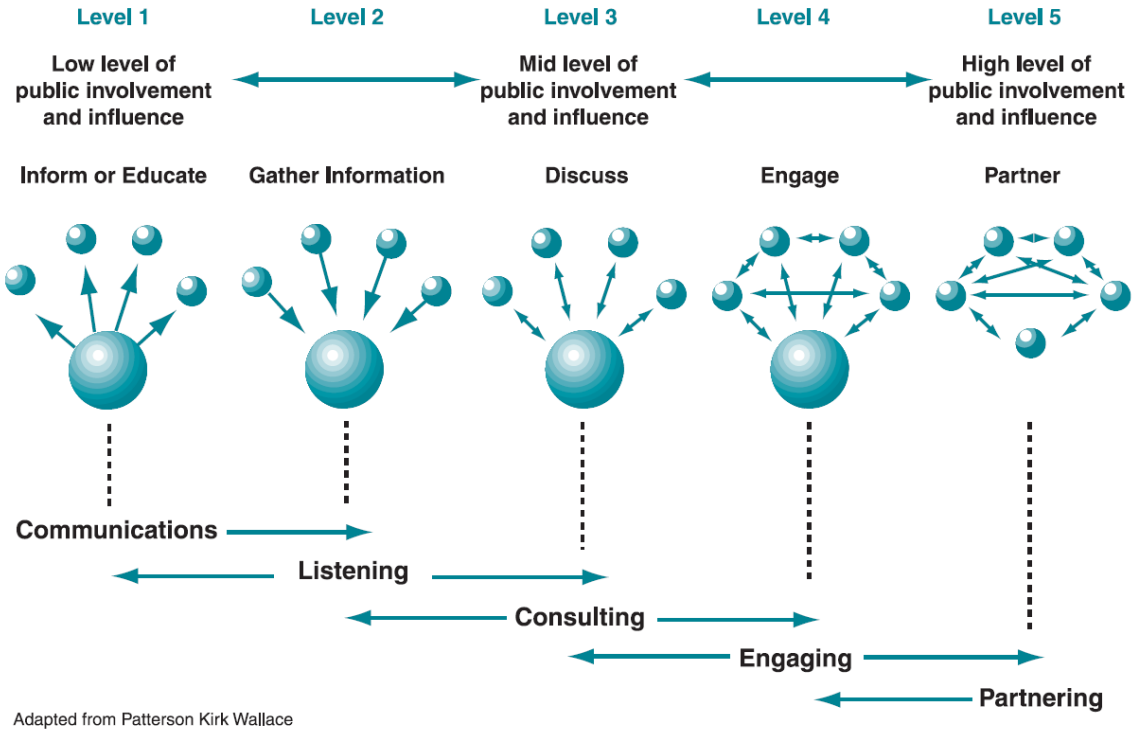
Source: adapted from Arnstein (1969) and Hilder (c.2016)

The original (empowerment) ladder designed by Arnstein (1969) included eight levels of participation, grouped into three general categories. At the base of the ladder Arnstein labelled as “non-participation” those practices where service providers do not look for the service users’ input, but merely aim at ‘educating’ or ‘providing therapy’ for service users in the delivery process. Moving up the ladder, Arnstein talks of another category of participation levels called “degrees of tokenism” (levels 1-4 in the figure above). Here, service users are able to voice their views and even give advice, but the

power to decide still rests with the service providers. The last category that Arnstein talks about is “degrees of citizen power” (levels 5-7 in the figure above). It is here where the power to decide and change the shape and nature of the services is shared between the providers and the service users.

Another way of differentiating between levels of SUI is the public involvement continuum (PIC) used by Health Canada (2000), which was initially designed by the Toronto-based consulting firm Patterson Kirk Wallace (now Progress Consulting). One of the advantages of using this framework to analyse levels of SUI is that it gives us a visualisation of *power balances, flux of information and relationship building*.

Figure 2: Public Involvement Continuum



Source: Health Canada (2000, 12)

If we apply the PIC model to our research and compare it with the ladder of SUI (Figure 1), we can infer that the SUI practices identified in our sample are mainly located at the levels 2-4. This is not to say that service providers do not use levels 1 and 5 at all. In fact, we believe that level 1 is a practice that is constantly present in the delivery of any service, forming the basis for the next levels. Moreover level 5 is currently evidenced in some areas of service delivery where different types of resources are either high or low.

5. Conclusions

Below we reflect on the ways that SUI is evidenced in the delivery of SVDV services across our sample. We discuss the SG separately because we had access to less information and had fewer engagement opportunities with them. That said, some of the reflections in the subsequent section may also apply to involvement of the scrutiny group.

5.1 The Scrutiny Group

The establishment of a Scrutiny Group was a recommendation from the consultation findings of the sexual and domestic violence commissioning services in 2015. Typically, the role of a Scrutiny Group is to act as a critical friend to monitor how services are meeting quality standards and key performance indicators, helping the Local Authority to develop its policies, provide good value for money and drive service improvement. Often research is viewed as an endeavour that detracts from these core purposes. The effective involvement of service users in a scrutiny group is partly informed by the training they have received to perform the role and the amount of information they have access to. Involvement may also be affected by their own identities, life experiences, education, and in being able to reflect upon the experiences of other users of services which might differ from their own. This needs to be balanced against a tendency for some such groups to become professionalised and therefore more distant from the service users they represent. The perception of the research team is that as the Scrutiny Group is recently established it will take some time to bed into the role.

5.2 Contextualising the findings within the services provided

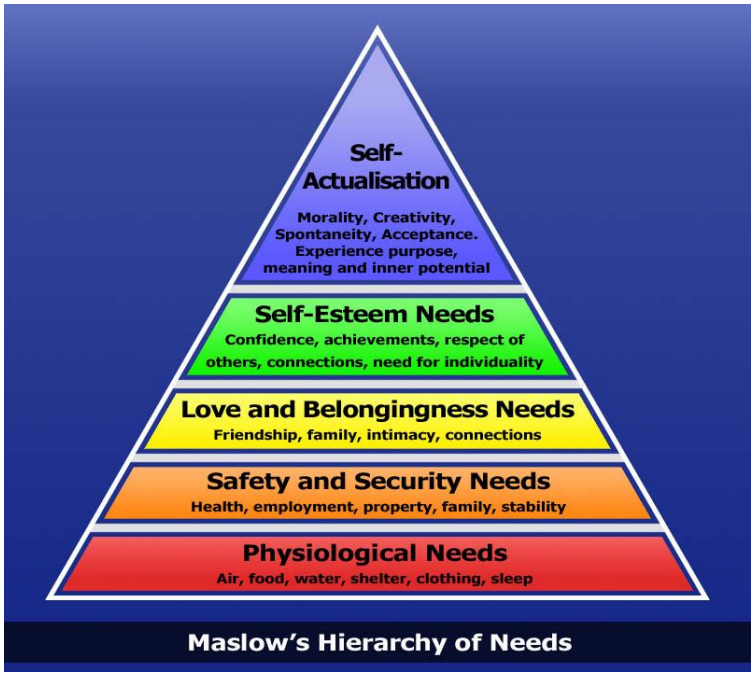
The two services with whom we conducted the pilot study differ significantly from each other. One service provides something like weekly 2-hour sessions over a 24- week period in a boundaried space. It is relatively well resourced in terms of staff ratios, some service users have their places commissioned by a third organisation (providing some source of secure income) and there is an accredited learning programme via RESPECT. It has recently re-located to an appropriate venue and it is housed within a larger project. The second service provides 24/7 care over 365 days of the year. It has recently acquired a new building which suggests potential benefits and challenges. For example, a service improvement (in terms of autonomy, privacy and similarity to a home – but we did not see inside a flat) might seem to be that rather

than housing residents in rooms with shared communal spaces (as was previously the case), it offers women accommodation in 19 self-contained flats. In addition, several of the women have children accommodated with them. But the challenges of group living remain, such as negotiating the needs of the individual when balanced with the rights of all residents. The staff team work on a shift system (although the research team do not know what their shift patterns are) which may mean their opportunities for reflection and review are limited. We are also aware that staff engage in fund-raising on behalf of the refuge residents as their housing benefits only cover accommodation costs. It might be that these back-office functions detract from front facing service delivery as argued by Turgoose (2016). The service is responsible for the security and safety of its service users, minimising their risk, meeting their physiological needs: shelter, supporting them if benefits are delayed with food and other essential items, advocating for their rights, signposting to solicitors and liaison with professionals such as social workers. We consider two perspectives which may inform understanding about the enablers and inhibitors to service user involvement.

i. Maslow's hierarchy of needs

One way of understanding service providers' priorities and their impact on the levels of service user involvement is through Maslow's hierarchy of needs. This is particularly relevant in light of the different kinds of provision provided by each service discussed above and of particular relevance to WALL. The priorities of the refuge are likely to be focussed on meeting their residents' basic physiological and safety needs rather than their self-actualisation needs. The model has been critiqued because it is predicated on the view that needs are met in a linear rather than iterative manner. But it may be that staff feel that they need to provide a baseline environment of minimising risk and safeguarding which meet their basic needs.

Figure 3 Maslow's hierarchy



An iterative approach to meeting needs might seek to embed self-actualisation at baseline levels of need to more support service users' independence and autonomy.

ii. Addressing the impact of trauma in service provision

Alongside the purpose of the service provided and the current climate of austerity, service users' reasons for accessing domestic violence services include the degree of risk of harm; moreover, women are likely experiencing trauma when they arrive at a refuge.

Research from the US discusses the impact of providing care for service users who have experienced domestic abuse as trauma based work. This differs in perspective from the empowerment or strengths based model that has often been adopted in the UK. Empowering women to take control over their own lives has been fundamental to the delivery of SVDV services in the UK: it has been based on a communal model of care in which women support each other. By contrast to the individualised and psychological approach adopted in the US, the model in the UK has drawn on service user based approaches and sociological perspectives.

Despite these important differences, the trauma informed perspective does reveal useful insights into how services are delivered. The approach specifically recognises the impact of trauma not only on the woman survivor of abuse, but also on the providers of care. The perspective suggests that service providers experience 'vicarious trauma due to the repeated exposure to stories of harm and injustices that others have suffered' (Ferencik and Ramirez-Hammond, 2010; 118).

iii. Balancing risk and autonomy

Providers of services in domestic and sexual violence are mindful to minimise risk of harm. Practitioners will prioritise a woman's safety and the safeguarding of her children; thus, they may implement protocols to avoid risk to children and insist that these procedures are followed (e.g. women were advised not to share any personal information with other women in the refuge because their subsequent safety and confidentiality could not be guaranteed). Reducing risk could be viewed as a greater priority than peer support. Yet sharing experiences is often seen to enable self-actualisation. When providers are stretched, they may look to ways of prioritising safety outcomes for women above those of autonomy.

6. Recommendations

- Embed service user involvement at key points of service use e.g. initial, midway (it may be necessary to specify units of time or numbers of days/weeks) and endings;
- Ensure staff know the benefits of SUI for service users, staff, organisation and the wider community;
- Include as standards in commissioning agreements opportunities (facilitated) for staff reflection and review;
- Consider different ways of communicating decisions and rationale;
- Involve service users regularly in reviewing services and take feedback about their experience of service provision to feedforward;
- Future research should involve service users as co-researchers;
- Future research should engage service providers as collaborators.
- Facilitate women's engagement in a Freedom programme e.g. in refuge;
- Potentially develop IT capacity/capability for self-evaluation (by use of encrypted passwords) for users of TJC.

References

ARNSTEIN, S. (1969) A ladder of citizen participation. *Journal of the American Planning Association*, 35 (4), pp. 216-224. DOI: 10.1080/01944366908977225.

BRACEWELL, K. (2017) Teenagers' experiences of domestic violence refuges. PhD Thesis, University of Central Lancashire.

BRADFIELD, H. and ECKERSLEY, T. (2008) Service user involvement reaching the hard to reach in supporting people. London Jessica Kingsley

CHARLTON, J. (2000) Nothing About Us Without Us: Disability Oppression and Empowerment. Oakland: University of California Press.

CLOSE, L. and KIRSTY Incorporating The Voice of Experience Family Violence – Service User involvement Guide Peel family Violence Unit ministry of social Development Ministry of Social Development on behalf of the Taskforce for action on Violence within families

HEALTH CANADA (2000) *Health Canada Policy Toolkit for Public Involvement in Decision Making*. Ottawa: Corporate Consultation Secretariat, Health Policy and Communications Branch, Minister of Public Works and Government Services Canada. Available from: https://www.canada.ca/en/health-canada/corporate/about-health-canada/reports-publications/health-canada-policy-toolkit-public-involvement-decision-making.html [Accessed 9/10/2017].

HESTER, M. (2011). The Three Planet Model: Towards an Understanding of Contradictions in Approaches to Women and Children's Safety in Contexts of Domestic Violence. British Journal of Social Work. 41. 837-853. 10.1093/bjsw/bcr095.

FERENCIK, S.D. & RAMIREZ-HAMMOND, R. (2010) Trauma informed care: best practice and protocols. DHHS: Ohio Domestic abuse network.

HILDER, S. (2016) *Service User Involvement. Domestic Violence and Sexual Violence Services*. De Montfort University. [Unpublished paper].

KELLY, L. and WESTMARLAND, N. (2016) Naming and defining 'domestic violence': lessons from research with violent men" in Feminist review 112 doi:10.1057/fr.2015.52

MCEVOY, R., KEENAGHAN, C. and MURRAY, A. (2008) *Service user involvement in the Irish Health Service. A review of the evidence*. Health Service Executive, Department of Health and Children. Available from: http://www.hse.ie/eng/services/publications/Your_Service,_Your_Say_Consumer_Affairs/Reports/Literature_Review.html [Accessed 9/10/2017].

MULLENDER A and HAGUE G (2005) Giving a voice to Women Survivors of Domestic Violence through recognition as a Service User Group British Journal of Social Work Vol 35 p 1321-1341

TURGOOSE, D. (2016) Victim support services and the world of commissioning in BETTINSON, V. & HILDER, S. Domestic Violence Protection, Prevention and Intervention. Basingstoke: Palgrave MacMillan

Annex 1: Detailed overview of project activities

Date	Event/ activity	Purpose
11.16-10.17	Regular team meetings throughout	Study design, implementation, analysis and final report.
23.1.17	Apply for ethical approval	To ensure good governance and ethical standards
13.2.17	Risk assessment	Faculty Research Ethics Committee
27.3.17	Ethical approval obtained	
28.3.17	SVDV meeting Police HQ	Project presentation to the meeting.
11.4.17	Scrutiny group meeting	DT and AS discussed the project with Scrutiny group members. See findings
5.6.17	Meeting with WALL staff at the 19 bed refuge	JF and AS met with LC and HO to discuss methods of engagement
6.6.17	Meeting with team leader at the Jenkins Centre	JF and DT met with CF to discuss methods of engagement
5.7.17	Workshop for women users of the WALL refuge	See findings
18.7.17	Workshop for male users of the Jenkins centre	See findings
25.7.17	Interim report for the DVDG group meeting	Submission to Clare Hall 20.7.17
3.8.17	Follow-up meeting at WALL	JF and AS met with HO for feedback and clarifications around the WALL workshop. Minutes of meeting
28.9.17	Project briefing meeting at BosHse	JF and AS met with SMB and SB to discuss project results

Annex 2: Planned WALL and TJC workshop activities

WALL workshop, 5th July 2017

Time	Activity	Content
1:20 pm	Welcome	PIS & Informed Consent Forms
1:30 pm	Intro	Ice breaker – human bingo
1:40 pm	Activity 1	Residents' house meetings
1:50 pm	Discussion	
2:00 pm	Activity 2	What would service user involvement look like in planning activities in the refuge?
2:10 pm	Discussion	
2:20 pm	Activity 3	What would help you to feel more involved in the decisions made in the refuge?
2:30 pm	Evaluation	

TJC workshop, 18th July 2017

Qualitative questions

1: How does the programme seek your views on the ways that the content could be developed?

2: How might you contribute to how the programme is delivered (methods)

3: How might you contribute to the design of the programme

4: How would you like your views to be sought?

5: Could you see yourself delivering a programme with one of the facilitators?

Annex 3: National Standards of QUALITY (for reference)

- **Standard 1: Safety, Security and Dignity**
- **Standard 2: Rights and Access**
- **Standard 3: Physical and Emotional Health**
- **Standard 4: Stability, Resilience and Autonomy**
- **Standard 5: Children and Young People**
- **Standard 6: Prevention**
- **Standard 7: Accountability and Leadership**

ISBN **978-1-85721-437-6**